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FOR ACTION

RECOMMENDATIONS FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES IN THE MIDDLE EAST AND NORTH AFRICA REGION*

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programmes in the Middle East and North Africa region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $3,250,000, to achieve the objectives of the country programmes as originally approved by the Board.

Country/programme	Amount (United States dollars)	Current programme cycle
Sudan	2 000 000	1991-1995
Tunisia	1 250 000	1992-1996

Annual funding requirements of the two countries are provided in the table.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

I. SUDAN

1. The programme of cooperation for the Sudan for the period 1991-1995 was approved by the Executive Board in 1991 with available general resources of $25 million (E/ICEF/1991/P/L.18). In 1992, the annual planning level for general resources was raised from $5 million to $5.5 million owing to a high implementation level, the need to sustain achievements made towards universal child immunization and the availability of additional resources. Additional allocations from general resources also were required because specific-purpose contributions to the Sudan have been significantly less than planned. Against a projection of $43.2 million as new unfunded supplementary funding for regular programmes for the period 1991-1993, actual receipts have been as low as $6.6 million. In this context, reliance on general resources for critical minimum support for the programme takes high priority. Therefore, an estimated shortfall of about $2 million in the approved funds is projected for the year 1995. The present submission covers a request for approval of an additional $2 million from general resources until the end of the 1991-1995 programme cycle.

2. Even with good harvests in the last two years and economic growth estimated at 7.6 per cent in 1992 and 4.3 per cent in 1993, real family incomes have deteriorated because of inflation exceeding 100 per cent per year and rapid depreciation of the Sudanese pound. High government budget deficits continue to restrict public expenditure on essential social services, reducing subsidies and social services for most Sudanese. Meanwhile, external development assistance to the country declined sharply from $1,128 million in 1985 to $887 million in 1991.

3. The civilian population on both sides of the continuing civil conflict remains severely affected by the lack of food, shelter, safe water, health and education services. In 1993, some 7.6 million people - over one third of them children - were in need of relief services as a result of the conflict, displacement and drought in both northern and southern Sudan.

4. Infant and under-five mortality rates in the Sudan continue to be as high as 100 and 166 per 1,000 live births, respectively. The maternal mortality rate is 550 per 100,000 live births. Malnutrition affects between 20 and 40 per cent of children under five years of age, especially in areas affected by armed conflict. About 30 per cent of the rural population has access to safe water, as does 25 to 50 per cent of the urban population. Less than 60 per cent of all children of school age (64 per cent for boys and 50 per cent for girls) were reported to be enrolled in primary school. More than 80 per cent of all women are illiterate. The psycho-social needs of children affected by war are not addressed adequately.

5. The Sudan was one of the first countries in the region to develop a national programme of action for implementation of the World Summit for Children Declaration and to ratify the Convention on the Rights of the Child. The National Council for Child Welfare has been established under the chairmanship of the President to monitor progress. UNICEF will support the catalytic role of the Council in (a) social mobilization; (b) monitoring and implementation of the

NPA and Convention; (c) resource mobilization and targeting of resources for achieving the mid-decade goals; and (d) promotion of enabling legislation as required. The country's national comprehensive strategy, 1993-2003, reflects the targets and strategies relating to the decade goals. State programmes of action are being developed for several states. An extrabudgetary allocation of 2 billion Sudanese pounds was provided for the national programme of action, and some debt conversion initiatives cover programmes with UNICEF-assisted components. In October 1993, the Government formally endorsed the mid-decade goals and prioritized them in line with existing realities and its own capacities.

6. Important lessons have been learned through the implementation of the current programme. Because of the vast size and the nature of the country's terrain and its scattered and constantly moving population, extra efforts are required to reach vulnerable groups. Advocacy and mobilization efforts for child survival and development need increased support by stronger technical, material and financial resources from cooperating agencies and donor Governments. Increased service delivery needs to be complemented with enhanced capacity-building efforts at national and subnational levels, as well as empowerment of communities to promote sustainability. Sustainability also requires stronger advocacy for higher levels of resources from the Government, further integration of programme components and greater use of cost-effective strategies. UNICEF assistance can be catalytic. However, a more coordinated and collaborative effort on the part of the Government with United Nations agencies and non-governmental organizations (NGOs) is essential. Integration of emergency interventions with the regular programme is necessary to enable a continuum of relief, rehabilitation and development.

Goals and objectives

7. The 1991-1995 programme focuses on the decade goals to reduce infant, under-five and maternal mortality rates and malnutrition, as well as to improve access to basic education, safe water and sanitation while safeguarding the survival of children at risk as a result of the emergency. The major objective of the programme during the remainder of the current cycle will be to support the achievement of a priority set of mid-decade goals. UNICEF will provide technical support for the planning, delivery, monitoring and evaluation of the programme of cooperation; critically needed supplies for health, nutrition, drinking water supply and sanitation; and education services for disadvantaged and vulnerable groups, especially women and children. Cross-cutting strategies will include advocacy and social mobilization; capacity-building of local institutions; and empowerment of communities, especially women, in better planning of their own development. More integration of emergency services with regular programme services will help to provide a link between emergency relief and rehabilitation. A joint effort will be undertaken with the Census Department to utilize fully information from the 1993 census on the situation of children and women, inter alia, to develop a database for monitoring progress towards the decade and mid-decade goals.

8. Under the health and nutrition goals, the presidential directive of October 1993 requires all state governors to be responsible for achieving 80 per cent immunization coverage in their respective states. An accelerated

nationwide measles vaccination campaign will aim to reduce measles-related deaths by 95 per cent and measles cases by 90 per cent. The national strategy of iodization of salt to eliminate eventually iodine deficiency disorders will be implemented. Similarly, the elimination of vitamin A deficiency will be promoted through monitoring and surveillance, fortification of UNIMIX (a supplementary feeding product) with vitamin A, distribution of vitamin A capsules in high-risk areas and vigorous promotion of breast-feeding, which will also be a key activity of the Baby-Friendly Hospital Initiative. The mid-decade goals of achieving 80 per cent use of oral rehydration therapy (ORT) and reducing severe and moderate malnutrition by one third of 1990 levels appear to be especially challenging.

9. Plans of action for those mid-decade goals are being developed in partnership by the Ministry of Health, UNICEF and the World Health Organization (WHO). Priority strategies include mapping of high-risk areas. Coordination within Operation Lifeline Sudan (Khartoum and Nairobi) will be streamlined to reach more people in the transitional zones and other areas. The role of communities in increasing immunization coverage and improving home management of acute respiratory infections (ARI) and diarrhoeal diseases will be strengthened. Capacity-building strategies will include advocacy for states to have separate budget allocations for primary health care (PHC) activities and improved use of resources through better cost-analysis and more cost-effective strategies. For example, most health facilities have trained personnel but need assistance to upgrade their infrastructure. In order to monitor progress better, the supervision and strengthening of the health information system will be supported.

10. UNICEF will provide support for integrating the "Facts for Life" initiative with PHC components, rebuilding the role of the Health Education Department as a centre for PHC programme communication, and further strengthening of programme communication in national programmes. The Kordofan Facts for Life project will be redirected to focus on the "child-friendly" villages, water supply and sanitation project areas and the United Nations Development Programme (UNDP) area development schemes.

11. To help achieve health and nutrition goals as well as other important goals, increased access to safe water supply and sanitation will be promoted. The mid-decade goals are to increase access to safe water from 40 to 55 per cent, and access for sanitation from 35 to 42 per cent. UNICEF will support the development of a strategic investment plan for low-cost water supply and sanitation as part of the 10-year national comprehensive strategy to address community needs and to attract the support of other donors. Each state will have a project unit for effective programme delivery and to strengthen its monitoring capacities. Greater involvement of women will be promoted as part of enhancing community participation. Site selection for water will target villages with high need and those affected by dracunculiasis (guinea worm disease). Hygiene education and promotion for improved sanitation will be expanded. In primary schools, water supply, sanitation and hygiene education activities will help to introduce positive behavioural changes in children. In order to sustain the operation and maintenance of the growing hand-pump network nationwide, local pump manufacturers and suppliers will be encouraged to participate.

12. In basic education, increasing enrolment to 70 per cent from the 1990 level of 56 per cent will be the target for 1995. A second goal is the promotion of girls' education, through formal and non-formal channels, to reduce gender disparity in enrolment by one third. These efforts will require greater awareness among parents, religious and community leaders as well as education planners and policy makers. UNICEF will support a government literacy campaign for young women and female school drop-outs. Special efforts will reach more children among the nomads, displaced and war-affected families. School infrastructures rehabilitated by the emergency education project will be supplemented with basic education supplies and teacher training. UNICEF assistance will focus more on teacher training, as the role of a teacher is to enhance the capacity of children to deal with life's basic needs. Also, the development of a system for measuring basic learning achievements and strengthening databases for educational planning are important areas for UNICEF support.

13. A stronger conceptual framework to guide project design, implementation, monitoring and evaluation for women in development will evolve. For example, female participation will be strengthened to promote women's "ownership" of projects based on community priorities. This would also facilitate sustainability and going-to-scale through sectoral service programmes. Eradication of harmful traditional practices - a country-specific national programme of action goal - will be pursued through advocacy with NGOs, the United Nations Population Fund (UNFPA), WHO and community organizations to eliminate practices detrimental to women's health and development such as female circumcision and early marriages. A survey to establish baseline knowledge, attitudes and practices and to monitor progress on the elimination of harmful traditional practices will be vital. Parents, community leaders, traditional birth attendants, health workers, traditional healers and the youth will be among the key target groups for the elimination of such practices. Development of disaggregated indicators for monitoring the status of women and a gender-sensitive database in women in development units of different ministries will be supported.

14. The programme for children in especially difficult circumstances will enlarge its focus and broad-based partnerships. Situation analyses, particularly at state levels, will identify and prioritize other major groups of these children in addition to street children and generate better data for planning and monitoring. Advocacy with the Government will encourage NGO participation in project implementation and monitoring. Special emphasis will be placed on addressing the psycho-social needs of children affected by armed conflict. For example, rapid situation analysis will be followed by community-based interventions, such as using PHC workers, schoolteachers and religious and traditional leaders to help traumatized children.

Cooperation with other partners

15. Cooperation with other United Nations agencies, such as that with the United Nations Development Programme (UNDP) on area development schemes and "child-friendly" villages in Kordofan, will be strengthened. Participation of all United Nations agencies for the development and monitoring of the mid-decade and decade goals and for capacity-building at subnational levels for planning,

management and monitoring of activities and programmes related to the goals will be a high priority. Collaboration with other United Nations agencies also will help to improve the utilization and effectiveness of other externally aided activities which are related to the national programme of action goals and the Convention on the Rights of the Child.

II. TUNISIA

16. The programme of cooperation between the Government of Tunisia and UNICEF for the period 1992-1996 was approved by the Executive Board in 1991 with available general resources of $3.75 million (E/ICEF/1991/P/L.23). In 1992, the annual planning level for Tunisia was increased to $1 million. This decision reflects the intention to strengthen small country offices or those which have recently been upgraded to this level. This has made it possible to fund activities in Tunisia to maintain the gains of immunization and to promote advocacy on behalf of young girls within the framework of activities undertaken in the Maghreb by the Arab Maghreb Union. In order to reflect this increase and to ensure that additional resources are made available, additional general resources of $1.25 million are required for the period 1995-1996. A new country programme recommendation will be submitted to the Executive Board in 1996.

17. The early 1990s were marked by social and economic difficulties. The Gulf War, which has had a damaging effect on the country, caused an external trade deficit of $150 million, an unemployment rate of 16 per cent and a rate of inflation of 8.5 per cent. Increases in the prices of consumer goods have further eroded the purchasing power of low-income families. Beginning in 1992, the country experienced a significant decline in economic growth, which fell from 8 per cent to 2.9 per cent. That decline will have inevitable consequences for the overall economic environment, creating an adverse trade balance, greater unemployment and negative effects on the poorest and most vulnerable segments of the population. Surveys conducted in the early 1990s indicate that one sixteenth of the total population continues to live in conditions of absolute poverty.

18. Access to health services further reflects the disparity between coastal and interior regions. Despite the existence of an infrastructure of 4,000 fixed and mobile centres, the rate of utilization of some preventive services remains fairly low because the population continues to be uninformed about or unaware of the need for adequate care.

19. Infant and under-five mortality rates increased respectively to 45 and 62 per 1,000 live births in 1991. Neonatal mortality accounted for 50 per cent of infant mortality. Premature births, low birth weight and acute respiratory infections (ARI) were among the major causes of death. Diarrhoeal diseases and ARI were responsible for about 50 per cent of the deaths among children under five years of age. On the other hand, there was a marked decline in diseases targeted by the national immunization programme. In 1992, epidemiological reports recorded no cases of diphtheria, 4 cases of polio, 4 cases of neonatal tetanus and 11,800 cases of measles, the majority of which occurred among school-age children.

20. School enrolment ratios are relatively high in Tunisia (100 per cent for boys and 89 per cent for girls). Yet, the drop-out rate is high, particularly among girls in rural areas where it is 25 per cent after the sixth year of primary school. Dropping out is linked to economic, social, cultural and geographical factors, such as inaccessibility or isolation.

21. The first three years of this decade were encouraging ones for children in Tunisia. Tunisia promoted the adoption of the World Declaration on the Survival, Protection and Development of Children, drafted at the World Summit for Children, and also ratified the Convention on the Rights of the Child. That commitment led to the establishment of a national programme of action of long-term objectives for the year 2000. The League of Arab States meeting on children, held at Tunis in 1992, made it possible to define intermediate objectives for 1995. The Government organized programme review in April 1993 confirmed that these objectives could be easily integrated into the programme without requiring any changes in its current structure, as approved by the Executive Board in 1991.

Health

22. Tunisia made significant progress in the area of immunization, achieving over 85 per cent immunization coverage for children against pertussis, diphtheria, polio, measles, tetanus and tuberculosis and more than 77 per cent immunization coverage for pregnant women against tetanus. Similarly, through social mobilization and health education, 96 per cent of mothers came to recognize the importance of immunization for the health of the child. The goal of this project is to maintain immunization coverage of children and mothers, to eliminate polio and neonatal tetanus and to reduce the incidence of measles by 90 per cent by 1996. In order to achieve that goal, decentralization of programme management at the regional and local levels has been made a priority. This measure has become part of the country's overall policy to reduce the disparity in PHC between the different provinces and is aimed at strengthening the team capacity in the field.

23. The project on the control of diarrhoeal diseases helped to reduce diarrhoea-related infant mortality. The incidence of diarrhoeal episodes per child under five years of age dropped to 2.8 per year in 1992. This improvement was due primarily to social mobilization campaigns undertaken during the summer season, focusing on the prevention of diarrhoeal diseases, treatment of dehydration with oral rehydration therapy and proper diet. The development of human resources at several levels began with the training of medical and paramedical officers in the public sector and, with the cooperation of professional associations, of approximately 100 private paediatricians and pharmacists. The project is designed to reduce the rate of diarrhoea-related deaths from 1.8 to 1 per thousand live births among children under five years of age by 1996. Primary focus will be placed on integrating this type of health-care activity with other PHC components, training private and public health-care personnel in the prevention and care of diarrhoeal diseases and health education for mothers through direct contact and the media.

24. A major training effort was made under the project to control ARI. ARI treatment modules have been developed using modules recommended by WHO. The

training of health-care personnel at all levels made it possible to extend the programme throughout Tunisia as of 1992. A national survey on ARI-related morbidity and mortality has just been completed. The goal of the project was to reduce ARI-related deaths among children under five years of age by 25 per cent by 1996. A national policy to integrate ARI control with PHC was introduced. This policy includes the training of personnel in the treatment of those diseases and educating parents in the prevention and identification of the ARI symptoms and making them aware of the treatment that is available at the nearest health-care centres.

25. One third of the children in the governorates in the north-west part of the country suffer from health problems related to iodine deficiency. The incidence of iodine deficiency in the coastal areas is approximately 4 per cent, while insufficient levels of iodine in the urine are much more common. Iodization of salt is currently practised in only four governorates and the regulation rates are far below WHO standards. The target for 1995 is to ensure that iodized salt is available throughout the country.

26. In the field of maternal and child health (MCH), only 45 per cent of the women made effective use of the services offered and only 65 per cent of the medical and health-care personnel had been trained in MCH and managing and evaluating activities. The project drawn up is currently being executed in order to enhance the capability of medical and health-care personnel in the public and private sectors. By 1996, at least 80 per cent of mothers and children, particularly in rural areas, should have access to MCH care services. The progress already achieved will be consolidated and MCH services will be expanded and developed at all levels. All these actions will be carried within the framework of the health districts. This level of optimum decentralization (population groups of 30,000 to 100,000 inhabitants) will make it possible to ensure better use of resources and take decisions that are better adapted to specific conditions in the field. It is a matter of gradually developing the capability of health teams to plan, manage, monitor and evaluate the integrated MCH and child services at the peripheral level. Social mobilization and community participation will be continued by revitalizing the local health councils.

Education

27. Since the World Conference on Education for All, Tunisia has been committed to improving basic education. The main areas of UNICEF cooperation have focused on: (a) reviewing the national strategy to care for pre-schoolchildren; (b) improving school attendance and the internal and external output of the new basic schools, including measures to prevent dropping-out of school, particularly among girls and in rural areas; and (c) revitalizing and reorienting the programme to combat illiteracy through acquisition of essential life skills. The activities carried out include reviewing the training of educational personnel and the materials used in working with pre-schoolchildren, setting up 250 social action units within basic schools and gradually introducing, starting with the elementary classes, education for health, and opening 35 model literacy centres and enroling 650 participants, essentially women. UNICEF also provided assistance to an integrated school-development project in the Governorate of Kef as an inexpensive implementation model with

participation on the part of the local population. Initially, 30 basic schools received assistance in order to improve both the school environment as well as the quality and relevance of the teaching with regard to local conditions.

28. The project to care for pre-schoolchildren is designed to expand pre-school education from 5 per cent to 25 per cent by 1996. Through pre-schoolchildren, the project will seek to enhance the mothers' awareness of the concept of basic knowledge to ensure child survival. The personnel responsible for implementing this new policy will be trained; an audio-visual education system for instructing parents in caring for young children will be developed; and community kindergartens will be set up in the Kef region.

29. The basic education project aims at reducing the drop-out rate from 25 per cent to 10 per cent by 1996, particularly among girls in rural areas. Efforts to achieve this will be based on a mobilization strategy to be drawn up by the Ministry of Education and Science, in cooperation with non-governmental organizations, including the Tunisian Women's Union, and will be carried out at various levels in view of the need to reach teachers, children and their families. The project will also attempt to upgrade the quality of teaching because it is necessary to instil in children a critical awareness in accordance with the "elementary school" concept applied by Tunisia in restructuring its education system. The project will also aim to systematize the integrated school-development model experiment and expand it to 50 rural schools in the Kef region. The health education project in the schools will consolidate progress already made and focus on training regional inspectors and approximately 15,000 teachers.

Advocacy and social planning

30. This programme is designed to support recommended activities and actions by exerting a positive influence on the behaviour and attitudes of the targeted population groups and mobilize them to enhance the welfare of children. This strategy targets political decision makers, participants from non-governmental organizations, religious leaders, artists, and family and relatives. Together with the efforts agreed upon within the framework of mobilization to reduce child mortality, an advocacy strategy aimed at promoting the objectives of the applied nutrition programme (ANP) and the Convention on the Rights of the Child was implemented.

31. In order to promote advocacy on behalf of children, an information and data-collection system was set up. The database was used to formulate the ANP in identifying problems and establishing appropriate objectives and strategies. In order to ensure ongoing monitoring of efforts to achieve ANP objectives, a monitoring committee was established in 1993 and the Ministry of Planning undertook a commitment to monitor ANP activities within the framework of monitoring the eighth plan (1992-1996) and the ninth plan (1997-2001). To this end, UNICEF contributed by developing a monitoring system and training the regional and headquarters staff of the General Regional Development Board responsible for monitoring at the regional level.

32. The programme will aim to strengthen an information and data system for monitoring the situation of mothers and children, which will make it possible to

quantify progress achieved. The group responsible for monitoring the situation of mothers and children within the Ministry of Planning will receive special support. In 1995 and 1996, the Tunisian Government will regionalize the applied nutrition programme and establish objectives and regional strategies. This regionalization process consists of drawing up regional action plans according to governorates, which will be preceded by an analysis of the regional situation and accompanied by ongoing monitoring of progress made in achieving objectives at the regional level. The advocacy activities will encourage the implementation of plans and policies in the area of monitoring and child development. The data and information collected within the framework of the social planning project will help planners and decision makers gain a better understanding of the issue and thus better define development policies for children.

Monitoring and evaluation

33. UNICEF will provide technical assistance for monitoring and evaluating programme activities, by stressing, in particular, the objectives of the Convention on the Rights of the Child. A group for monitoring the implementation of the Convention, furthermore, has been set up within the Ministry of Youth and Children. Programme activities will be monitored at the level of the technical departments; and implementation of the global objectives will be monitored by a supervisory committee (in the Ministry of Planning). Emphasis will be placed on strengthening national and local capacities in the planning, implementation, monitoring and evaluation of programmes.

Breakdown of annual funding requirements

(In thousands of United States dollars)

Region/country	Current programme cycle	Approved general resources funding	Additional funding proposed		
			1994	1995	Total
Sudan	1991-1995	25 000	-	2 000	2 000
Tunisia	1992-1996	3 750	250	1 000	1 250
Total			250	3 000	3 250

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FOR ACTION

RECOMMENDATIONS FOR SUPPLEMENTARY FUNDING FOR PROGRAMMES IN THE AFRICA REGION WITHOUT RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES*

SUMMARY

The present document contains recommendations for supplementary funding for countries in the Africa region for which no recommendations for funding from general resources are requested at the 1994 Executive Board session. The programme proposals submitted here are aimed at expanding or complementing ongoing programmes in the countries concerned. The Executive Director recommends that the Executive Board approve supplementary funding in the following amounts for the programmes listed below, subject to the availability of specific-purpose contributions.

Country/programme	Amount (United States dollars)	Duration
Central African Republic	2 938 000	1994-1997
Ghana	4 281 900	1994-1995
Senegal	2 037 000	1994-1996

Summaries of individual recommendations follow. A table setting out the planned annual phasing of expenditure for each supplementary funding proposal is given at the end of the document.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

I. CENTRAL AFRICAN REPUBLIC

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	1.5
Under-five mortality rate (U5MR) (per 1,000 live births)	179
Infant mortality rate (IMR) (per 1,000 live births)	105
Underweight (percentage, moderate and severe) (1988)	..
Maternal mortality rate (MMR) (per 100,000 live births) (1983)	600
Literacy (percentage, male/female) (1990)	52/25
Primary school enrolment (percentage, net male/female) (1990)	66/43
Percentage of grade 1 reaching grade 4 (1989)	48
Access to safe water (percentage) (1990)	24
Access to health services (percentage) (1985)	45
Gross national product (GNP) per capita (1991)	$390
One-year-olds fully immunized against (percentage):	
tuberculosis	94
diphtheria/pertussis/tetanus	77
measles	62
poliomyelitis	77
Pregnant women immunized against (percentage):	
tetanus	87

Basic education

1. The country programme for the Central African Republic for the period 1993-1997 was approved by the Executive Board in 1993 (E/ICEF/1993/P/L.6). A basic education component was included in that recommendation. The present recommendation for $2,938,000 in supplementary funds for the period 1994-1997 is to enhance the education programme to accelerate progress towards the Education for All (EFA) goals. It seeks to (a) improve the quality of basic education; (b) provide increased access to learning through expanded education services; and (c) expedite achievement of the mid-decade goals regarding universal access to basic education. In addition, the programme will help to strengthen the foundation for reaching the goals for children for the year 2000.

Situation analysis

2. The primary education system in the Central African Republic is faced with several challenges characterized by (a) clear disparities between enrolment and literacy rates for boys and girls, specifically in rural areas; and (b) high drop-out rates. Factors contributing to this negative situation include (a) insufficient and inadequate infrastructure; (b) lack of basic equipment, supplies and educational materials; (c) limited numbers of qualified teachers; and (d) limited government budgetary allocations. Although the Government has

implemented several reforms since 1984 to make the education system more responsive to the daily lives of most Central Africans, the curriculum is still overly focused on non-essential skills and subjects.

3. The most significant achievement of the first year of the current programme was the launching of the Nana-Grebizi basic education project for girls. This project succeeded in increasing primary school attendance and reducing drop-out rates of boys and girls in the Prefecture of Nana-Grebizi by establishing a joint partnership among parent-teacher associations, headmasters, teachers and administrative officials to plan, co-manage and co-finance basic education services. The current proposal will build on these achievements, which will be expanded to national scale. It will address particularly the needs of children who dropped out of the formal system for economic reasons and because of the disruption caused by political unrest, and will establish a special two- to three-year bridging education programme to reintegrate them into the formal system.

Objectives

4. The programme will contribute to the achievement of the following objectives by 1997: (a) an increase in the overall primary school attendance rate from 66 to 70 per cent for boys and from 43 to 50 per cent for girls; (b) a reduction of drop-outs from 53 to 20 per cent for boys and from 61 to 30 per cent for girls; (c) making the primary school curriculum more relevant to the daily lives of most Central Africans; and (d) by so doing, facilitating improvement of the socio-economic and health conditions of the country.

Strategies

5. The programme will apply the following priority strategies to draw children to primary schools: (a) capacity-building at all administrative levels through training aimed at developing human resources for national policy development and programme management; (b) empowerment of families through promoting the involvement of parent-teacher associations in planning, management and financing of education services; (c) social mobilization of parents, teachers and education officials to strengthen their commitment to improving education of girls; (d) use of the national language (Sango) as a medium of instruction for the first two years of primary education, with French becoming the principal medium thereafter; (e) use of a flexible school calendar and improved relevance of school curricula to create effective links between schools and the socio-economic conditions of families and communities; (f) use of a special bridging education programme to reintegrate children who have dropped out of the formal system; and (g) coordination with other major donors at the national level in policy and programme development, strengthening complementarity of donor support, preventing duplication of support and accelerating expansion of services.

Activities

6. The programme will carry out the following activities in implementing the above-mentioned strategies:

(a) Formulation of a national basic education policy and plan of action that better address the EFA goals of universal access to quality and equity in basic education;

(b) Establishment of a community-based bridging education system for children who have dropped out of school, enabling about 182,000 children to reintegrate into the normal system after two or three years of study in this bridging programme;

(c) Training of Ministry of Education officials, at national and subnational levels, in policy analysis, planning, management and monitoring of community-based education services. This training will cover officials of the eight préfectures (regional administrative structures) covered by the programme, with an average of five officials trained per préfecture;

(d) Development and implementation of a curriculum that will provide students with essential knowledge and life skills, including health, nutrition, hygiene, environmental sanitation and some skills to facilitate their participation in the economic sector;

(e) Training of about 6,000 teachers and headmasters in the new curriculum and in the management of school facilities;

(f) Training of locally recruited educators who will provide special bridging education to children. These educators, who will be selected and funded by the communities, could be absorbed later by the formal primary education system to meet the objective of reducing the high pupil/teacher ratio to 40:1;

(g) The development, production and distribution of training materials;

(h) Training of members of parent-teacher associations to increase their motivation in the co-management and financing of schools;

(i) Establishment of an effective monitoring and evaluation system to collect, process and effectively use education data;

(j) An extensive media programme targeting parents, local authorities and especially the préfets (chief administrators) and municipal counsellors with messages on the importance of education for all children, especially for girls;

(k) Construction of latrines and water points in 400 schools to improve hygiene practices, and supplying these schools with solar panels to facilitate the use of audio-visual materials for functional literacy and cultural activities.

7. UNICEF will provide technical and financial assistance as well as supplies and equipment to (a) establish the bridging programme; (b) elaborate curricula and produce educational aids; (c) strengthen planning, management, supervision and monitoring skills of education professionals; (d) train and, through social mobilization activities, strengthen the roles of members of parent-teacher associations; and (e) install water points and sanitation facilities at schools.

II. GHANA

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	7.6
Under-five mortality rate (U5MR) (per 1,000 live births)	170
Infant mortality rate (IMR) (per 1,000 live births)	103
Underweight (percentage, moderate and severe) (1988)	27
Maternal mortality rate (MMR) (per 100,000 live births) (1984)	1,000
Literacy (percentage, male/female) (1990)	70/51
Primary school enrolment (percentage net, male/female) (1990)	../..
Percentage of grade 1 reaching grade 4 (1988)	87
Access to safe water (percentage) (1991)	52
Access to health services (percentage) (1985)	60
Gross national product (GNP) per capita (1991)	$400
One-year-olds fully immunized against (percentage):	
tuberculosis	57
diphtheria/pertussis/tetanus	34
measles	40
poliomyelitis	36
Pregnant women immunized against (percentage):	
tetanus	9

Control of iodine deficiency disorders

8. In 1991, the Executive Board approved a sectoral programme for health and nutrition as part of the country programme for Ghana for the period 1991-1995 (E/ICEF/1991/P/L.7). The present proposal for $2,327,000 in supplementary funds for the period 1994-1996 will contribute to the elimination of iodine deficiency disorders (IDD) in Ghana. It will also contribute to increasing access of parts of West Africa to iodized salt through expansion of the salt production and exporting industry of Ghana.

Background

9. The extent and severity of IDD as a public health problem has been highlighted by preliminary prevalence survey findings which indicated that moderate (stage 2) and severe (stage 3) iodine deficiency exist in pockets throughout the country. The Ministry of Health began a national IDD survey in 1991 in 30 of the 110 districts of the country. The survey was completed in 1993 and the data are currently being analysed, together with the findings of the urine iodine subsample survey. In two districts of the Upper East Region, prevalence is about 70 per cent. Those results, which pointed out the urgent need to address the problem of IDD, led to the distribution of iodized oil capsules in those districts during 1991 and 1992.

10. The project will be both national and subregional in scope. Activities for the production of iodized salt will be focused along the coastal belt of Ghana between Komenda in the west and Keta in the East Central, Greater Accra and Volta Regions where salt is traditionally produced. Social communication and monitoring and evaluation activities will be carried out nationwide, with greater emphasis in the most affected districts. A total population of about 16.6 million will be covered in 1994 and approximately 17.6 million in 1996.

Objectives

11. The project will contribute to the mid-decade goal of virtual elimination of IDD in Ghana and its neighbouring countries, using the salt production and export potential of Ghana to achieve and sustain universal access to, and eventually, universal consumption of iodized salt. The objectives are (a) to ensure that all salt produced in Ghana is iodized with the appropriate level of iodine; (b) to increase awareness of IDD and their prevention so as to encourage and ensure the consumption of iodized salt; and (c) to establish an effective monitoring system from production to consumption to ensure that the salt being consumed has the appropriate level of iodine.

Strategies

12. In order to achieve these objectives, the project will pursue five key strategies. Firstly, the production and availability of iodized salt throughout the country will be increased. This will be done through the establishment of a collaborative relationship between the public (Government, donors) and private sectors. For this purpose, a production-incentive mechanism, a support "package" for salt manufacturers funded by the Government and donors and comprising interest-free loans, training, marketing assistance and supply of potassium iodate, will be established. An information/education campaign will be targeted at wholesalers and retailers in the salt industry to promote adequate packaging, storage and distribution of iodized salt, as well as to enlist their support in winning widespread consumer acceptance of iodized salt. Those involved in small enterprises and cooperatives in the salt industry will be trained in management skills and receive technical advice on how to update production technologies and improve marketing operations. A promotional campaign designed to increase the availability of Ghanaian iodized salt in the West African market will be developed.

13. Secondly, increased demand for iodized salt will be achieved through (a) advocacy among policy makers and opinion leaders at all levels of society; (b) launching of a social marketing campaign to raise public awareness of IDD and their prevention, using the infrastructure and capabilities of the Ghana Social Marketing Programme (GSMP), as well as radio and television programmes, newspaper articles, literacy classes, local theatre and activities of organizations such as the 31st December Women's Movement and the Social Mobilization Committees for Child Survival and Development; and (c) formulation of a pricing and subsidy policy to maintain price parity between iodized and non-iodized salt through a two-year transitional period when both types of salt will be produced and marketed in the country.

14. Thirdly, UNICEF will support the development and enforcement of appropriate legislation for the establishment of a national standard for iodized salt by the Ghana Standards Board (GSB). GSB will set a deadline for compliance by all producers, distributors and retailers in the country consistent with the planned implementation of the project. The legislative aspect of enforcement will be complemented by training and awareness-raising activities as well as by increasing the monitoring and evaluation capacity of key implementing institutions.

15. Fourthly, the management capacity for IDD prevention and control by key implementing agencies will be expanded in order to (a) raise awareness among service personnel of the problem of IDD; (b) improve the coverage and efficacy of communication/education activities carried out through various service organizations; and (c) establish a basic but effective monitoring system that can provide timely, reliable and useful information on project performance. This will entail a combination of training, establishment of a national network on micronutrient deficiencies, provision of laboratory equipment and other essential supplies and the development and dissemination of manuals and guidelines on IDD and the IDD control programme.

16. Fifthly, a strong UNICEF effort will help to focus on national capacity-building in project management and coordination to prevent wastage and duplication of efforts among the various parties involved and to expedite implementation. This will involve (a) the identification and establishment of a multisectoral Committee on Micronutrient Malnutrition (CMM) to provide a forum for discussion of problems and issues, intersectoral collaboration and overall guidance to relevant plans and programmes; (b) the establishment of a CMM secretariat to manage the project; (c) the training of project management staff; and (d) the provision of essential equipment and supplies.

Activities

17. In order to implement the strategies, the project will undertake eight major activities with regard to production, demand creation, social mobilization and monitoring and evaluation.

18. A project management structure will be established. CMM will be responsible for detailed project planning, identifying concrete areas for multisectoral collaboration, ensuring follow-up within separate sectoral institutions and monitoring implementation, while the Nutrition Unit of the Ministry of Health will implement the project.

19. A legal framework for salt iodization will be adopted. It will involve the Ministry of Health and GSB in the preparation of a standard for iodized salt, with its adoption scheduled to be completed by June 1994.

20. Salt manufacturers, wholesalers and retailers will be assisted through the following measures in order to increase access to iodized salt: (a) the availability of interest-free credit lines for the purchase and installation of spray mix salt iodization plants of a type designed in India with UNICEF assistance; (b) the training of 100 managers as well as key technical and production staff on major issues of IDD and marketing of iodized salt (two

separate training workshops, at Accra and Ada, will be held during 1994-1995); (c) the purchase of potassium iodate by UNICEF on the international market on behalf of the Ghana salt manufacturers, with this arrangement remaining valid only for the duration of the IDD control programme; and (d) the development, by GSB with the assistance of the Ministry of Health and the University of Ghana, of a communications campaign for wholesalers and retailers throughout the country to orient them on IDD and provide guidance on adequate packaging, storage and transport. Preparatory activities will start in mid-1994, with the campaign itself beginning in early 1995.

21. Small salt enterprises will receive simple, local-language guidelines and manuals on salt production, quality control and iodization methods, as well as on basic organizational principles, bookkeeping and marketing. Three demonstration salt farms will be established to provide practical training in production techniques as well as to help develop and disseminate appropriate technology for use by small farmers. Small salt enterprises will be organized into cooperatives for the production and marketing of iodized salt or, where this is not feasible, for joint iodization and marketing of salt.

22. Strong advocacy, social communication and mobilization activities will be undertaken to increase consumer awareness of the effects of IDD. Advocacy and social communication activities will, in the development of campaigns and informational materials, take into account the results of the knowledge, aptitude and practice study within the national IDD survey. These campaigns will target policy makers and opinion leaders at national, regional and district levels. GSMP will explore the possibility of adding an IDD campaign to the existing programme on oral rehydration therapy, contraceptives and anti-malarials. UNICEF will support GSMP in the preparation of posters and advertisements for billboards and the mass media (radio, television, newspapers and magazines).

23. Iodized salt will be exported to neighbouring countries in collaboration with the Export Promotion Council and the Economic Community of West African States. It will entail the preparation of a study on the issue, the organization of a subregional meeting of producer and consumer countries and the establishment of a network or consultative mechanism on salt iodization to provide a forum for discussion and follow-up. Action on this effort will be initiated by mid-1994, with substantial progress expected by the end of 1995.

24. Key health personnel and staff from other relevant institutions such as the Ministry of Food and Agriculture and GSB at regional, district and subdistrict levels will be trained to manage IDD activities better. About 350 persons will be trained during 1994. The Nutrition Unit, in collaboration with the Department of Nutrition and Food Science of the University of Ghana, will develop and update a series of manuals and guidelines on the detection, prevention and elimination of IDD. The development, pre-testing and printing of the documents will take place between mid-1994 and mid-1995.

25. The Nutrition Unit will establish a national network on micronutrient deficiencies comprising health and non-health personnel to help identify and support key implementers (i.e., through further training) and to serve as a forum for information exchange and dialogue. It will also distribute manuals,

guidelines and other useful materials on micronutrient deficiencies. These activities will be completed by the end of 1994.

Monitoring and evaluation

26. Iodine content in salt, from production through household consumption, will be monitored by public health laboratories and universities. Iodization process control facilities will be made available at production sites and an estimated 5,000 rapid test kits will be distributed to each region for use by district health administrations and extension workers, as well as by wholesalers, retailers, markets, schools and community opinion leaders in villages. A national survey on IDD prevalence, focusing on levels of urinary iodine among the population as an indicator of iodine intake, is planned for the end of 1996. A mid-term review is planned to provide an initial indication of the effectiveness of the programme. UNICEF will provide salt iodization plants with laboratory equipment and potassium iodate as well technical, material, financial and logistic support for social mobilization, training and monitoring activities.

School water supply and sanitation

27. In 1991, the UNICEF Executive Board approved a basic education programme for the period 1991-1995 as part of the country programme of cooperation (E/ICEF/1991/P/L.7). It also approved another recommendation in 1992 in the amount of $2,000,000 for an enhanced education programme, which better embraced the goals of the World Conference on Education for All and sought to improve the quality of education and provide increased access to learning through expanded basic education services (E/ICEF/1992/P/L.33).

28. The present proposal for $1,330,000 in supplementary funds for the period 1994-1995 aims to strengthen the quality of basic education by enhancing the learning environment in the poorest and remote rural, underserved communities by improving hygiene conditions in primary schools and households. In addition, the programme will respond to the need to incorporate priorities identified during the combined mid-term review/strategy formulation exercise of 1993 and facilitate achievement of the mid-decade goals regarding universal access to water supply and sanitation as well as access to quality and equitable basic education. The programme will also help to strengthen a foundation for reaching the goals for the year 2000.

Background

29. Despite significant donor support for primary education, including from the World Bank, and financing of education reforms, recent monitoring of primary education has confirmed that students are not yet benefiting fully from these reforms. A 1990 study of the reading ability of 644 grade six students carried out by the Teacher Education Division of the Ghana Education Service showed that 43 per cent had little or no reading ability, 40 per cent were reading at the grade two level and only 18 per cent were reading at the grade five level or above. The results of a "criterion-referenced achievement test" conducted on a sample of grade six students confirmed that only a very low percentage could read, write and do basic mathematics.

30. It is generally accepted that poor health status is one of the major causes of the poor achievement of students in primary schools. Water-borne diseases are prevalent among schoolchildren in Ghana. Currently, an estimated 80 per cent of rural primary schoolchildren suffer from intestinal worms and poor health caused by the lack of proper sanitary facilities and safe drinking water. Health care facilities at schools, or even nearby, are practically non-existent.

Objectives

31. The national water supply and sanitation survey conducted in 1992 revealed that in the largely rural Volta region alone, with a population of 1.2 million, 5 of the 10 most common diseases registered in out-patient clinics are water- and sanitation-related. Intestinal worms, poor nutrition and dracunculiasis (guinea worm disease) are major debilitating problems that affect the academic productivity and school attendance of children. Particularly devastating are the adverse effects on brain development, overall growth and development and learning achievements.

32. The proposed project will address water- and sanitation-related problems in rural schools, thus cultivating more effective links between rural schools and their communities, which are essential for enhancing the well-being of children. The project will contribute to the following objectives of the country programme regarding health, water supply and sanitation and education: (a) development of an integrated school water supply and sanitation programme, combining water supply, sanitation and hygiene education, which will provide access to water supply and sanitation facilities for 2,000 "deprived" primary schools. This increased access should help to improve learning conditions in these schools, which are located in the poorest remote communities; (b) elimination of dracunculiasis in communities where these schools are located through health education and the promotion of household filters; (c) reduction of the incidence of parasitic and intestinal worms among schoolchildren in the target communities; (d) reduction of the time spent by schoolchildren in fetching water for domestic and personal use; and (e) reduction in the transmission of other water- and excreta-related diseases such as diarrhoea.

33. The project will contribute to the above general objectives by pursuing the following specific objectives: (a) increasing access to and the quantitative and qualitative consumption of water by schoolchildren; (b) increasing the use of latrines by schoolchildren by 80 per cent; (c) increasing the proper use, including cleanliness and maintenance of ventilated pit latrines by households, schools and communities; and (d) motivating communities with no latrines to build household ventilated pit latrines.

34. Strategies will include: (a) promoting good health and hygiene practices in some 2,000 primary schools in rural communities through various education activities; (b) promoting good health habits, such as personal and domestic hygiene, water storage and use and safe disposal of waste water and human and solid waste, so that these behaviours become part of the daily life of schoolchildren; and (c) using water supply and sanitation activities as entry points to build strong links between schools and their communities.

Activities

35. The project will undertake the following activities in order to implement the strategies: (a) research to develop an effective curriculum on hygiene education that focuses on improving strategic sanitation and hygiene behaviours, such as hand-washing; (b) construction of 2,000 hand-dug wells fitted with hand-pumps, 2,000 six-seat ventilated pit latrines and 2,000 rainwater collection systems and drainage systems; (c) organization of health committees; and (d) training of schoolchildren, teachers and community members in hand-pump maintenance, preventive health care and simple management of injuries with first aid in schools and at the home.

36. UNICEF assistance will complement resources available under Ghana's Educational Reforms Programme funded by the World Bank, the United States Agency for International Development and the European Community. Those agencies provide textbooks and stationery for primary schools, as well as management assistance for a project for teacher training, supervision and monitoring. UNICEF assistance will include supplies, equipment and tools for use by trained artisans so as to accelerate the construction of safe water and sanitation points. National-level technical assistance and training activities will also be supported by UNICEF in order to (a) improve the planning and policy analysis capacities of national officials; (b) strengthen their abilities to promote and implement community-based approaches, use low-cost technologies and plan hygiene education activities; and (c) strengthen logistical and technical support that will help to improve coordination among government agencies and between the Government and donor agencies.

Water supply and sanitation

37. In 1991, the UNICEF Executive Board approved a water supply and sanitation programme for the period 1991-1995 as part of the country programme of cooperation (E/ICEF/1991/P/L.7).

38. The present proposal in the amount of $624,900 in supplementary funds for the period 1994-1995 aims to strengthen the water supply and sanitation programme. It will consolidate previous achievements, while responding to the need to incorporate priorities identified during the combined mid-term review/strategy formulation exercise completed in 1993 for improved integration of water supply and sanitation activities. Thus, the programme will facilitate achievement of the mid-decade goals regarding universal access to water supply and sanitation and consolidate a foundation for achieving the goals for the year 2000.

Background

39. The most significant achievements of the programme in 1991-1993 were the use of a community participatory process and of low-cost technologies to increase access to safe water and sanitation for the rural population and to reduce the prevalence of water-borne diseases, especially dracunculiasis. The present proposal aims to consolidate the gains of the past two years by better integrating water supply, sanitation and health and nutrition education activities for 160,000 people in five districts.

40. Only 52 per cent of the 15.3 million Ghanaians have access to a safe water supply, mostly through piped water, hand-pumps installed on bore holes and hand-dug wells. It is estimated that about 30 per cent of the hand-pumps installed are not operational. Water-borne diseases such as typhoid, cholera, schistosomiasis and dracunculiasis are prevalent in Ghana. Dracunculiasis, in particular, hampers agricultural productivity and school attendance in the rural areas where the bulk of food is produced, and is particularly serious in the northern and Volta regions.

Objectives

41. The programme will achieve the important needs of water supply and sanitation in rural areas by pursuing the following objectives: (a) increasing per capita water consumption from the current level of 10-15 litres per person per day to approximately 25-30 litres per person per day; (b) eliminating dracunculiasis by targeting endemic areas with water supply, health education and promotion of household filters; (c) reducing the burden of women and children who carry water over long distances; (d) improving health and nutrition behavioural practices among mothers and children; and (e) empowering village communities, particularly women, by involving them in the management of their water supply and sanitation facilities.

Strategies

42. The programme will pursue the above objectives through the following strategies:

(a) Community empowerment through improvement of the skills of communities in the management and maintenance of water supply and sanitation facilities;

(b) Promotion and involvement of women in decision-making processes with respect to all aspects of water supply and sanitation services and encouraging men to recognize the advantages of this strategy for improved sustainability of these services;

(c) Promotion of the contributions of communities, both financial and labour, for water-point installations. Households will be expected to pay almost all costs for latrine construction;

(d) Capacity-building at all administrative levels through training that will develop human resources for planning the utilization of low-cost technologies, national policy development and management of programme procedures;

(e) Focus on hygiene education to change behaviour and practices that currently lead to disease transmission and strengthening the commitment of decision makers to introduce hygiene education at the commencement of the planning stage, rather than during the latest stage of implementation which is the predominant current practice;

(f) Coordination with other major donors at the national level in policy and programme development to strengthen complementarity of donor support, prevent duplication and expedite expansion of services;

(g) Increased involvement of non-governmental organizations (NGOs) at local levels, utilizing their experience to train communities in hygiene education and communication.

Activities

43. In order to achieve the strategies, the programme will undertake the following activities:

(a) Construction of 150 hand-dug wells equipped with hand-pumps to serve a population of 75,000 people. Each well will serve approximately 500 people, with the communities providing labour and local materials. The Ghana Water and Sewerage Corporation (GWSC) will provide supervision, training and monitoring. Locally trained artisans will construct the wells according to standard designs as provided by GWSC;

(b) Construction of 170 hand-drilled bore holes equipped with hand-pumps to serve approximately 85,000 people. These will be drilled using the Vonder rigs recently procured by UNICEF. An additional three rigs will be ordered during 1993 to accelerate service coverage and introduce this low-cost method in additional districts;

(c) Organization and training of 320 village water supply and health committees prior to the beginning of construction activities. These committees will actually be subcommittees of existing village development organizations and will be subject to the same rules and conditions. The village committees will be responsible for the planning of village contributions and collection of funds for installation, operation and maintenance costs;

(d) Mobilization of the local manufacturer of suitable spare parts for the NIRA AF85 hand-pump. UNICEF will work with the Government to strengthen both government and private sector capacities for self-sufficiency in spare parts. Support will be given to the Government to conduct suitable quality control of all supplies that are produced locally, and exchange visits will be arranged with selected countries with expertise in local manufacturing, such as Nigeria. Consultancies will be arranged for enhancing quality control capacities;

(e) Development of an efficient delivery system so that latrine components are manufactured and distributed on a decentralized basis. This will be necessary so that when demand is generated there will be a rapid response, thus taking advantage of the momentum to encourage full village coverage. Existing latrine slab construction centres will be decentralized to the district level and strengthened through the Department of Community Development (DCD);

(f) Construction of 640 household latrines to serve approximately 130,000 people. Locally trained artisans will be organized into construction teams to promote household latrines for a nominal fee, paid by each household;

(g) Establishment of a revolving fund credit system for the construction of household latrines. This will be managed through the District Assemblies, which will be responsible for ensuring that repayments are made to DCD and that utilization and maintenance of facilities will be satisfactory;

(h) Development of a decentralized monitoring system to accelerate service coverage through data collection at village, district and national levels. Data will include the population covered and the quality, performance and utilization of facilities. The system will use staff of both GWSC and DCD to complete standard forms that will be collated and analysed at the central level. UNICEF will assist in the training of staff in the use of the standard monitoring forms;

(i) Development of a strong health and nutrition education component aimed at parents and schoolchildren. The focus will be on developing awareness of villagers and encouraging them to adopt improved health and nutrition practices. This activity will be combined with the construction of demonstration ventilated pit latrines at schools.

44. UNICEF will provide supplies, equipment and tools for use by the artisans so as to accelerate the construction of safe water and sanitation points. Technical assistance and training activities at the national level will also be supported by UNICEF with the aim of (a) improving the planning and policy analysis capacity of national government staff as well as their abilities to promote and implement community-based approaches, use low-cost technologies and plan health and nutrition education activities; and (b) provide logistical and technical support to the programme to facilitate coordination among government agencies and between the Government and the donor community.

III. SENEGAL

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	3.7
Under-five mortality rate (U5MR) (per 1,000 live births)	145
Infant mortality rate (IMR) (per 1,000 live births)	90
Underweight (percentage, moderate and severe)	22
Maternal mortality rate (MMR) (per 100,000 live births) (1985)	600
Literacy (percentage, male/female)	52/25
Primary school enrolment (percentage, net male/female) (1989)	55/41
Percentage of grade 1 reaching grade 4 (1988)	85
Access to safe water (percentage) (1991)	48
Access to health services (percentage) (1985)	40
Gross national product (GNP) per capita (1991)	$720
One-year-olds fully immunized against (percentage):	
tuberculosis	65
diphtheria/pertussis/tetanus	47
measles	43
poliomyelitis	47
Pregnant women immunized against (percentage)	
tetanus	26

Communication for all, 1994-1996

45. The country programme for Senegal for the period 1992-1996 was approved by the Executive Board in 1992 (E/ICEF/1992/P/L.10). Senegal is basically an agricultural country. Harsh structural adjustment measures coupled with adverse weather such as drought and desertification are not only making people's lives increasingly precarious but are also weakening family solidarity. Nearly 70 per cent of the population is illiterate.

46. The country's social and cultural fabric is considerably complicated by the existence of 10 different ethnic groups speaking six completely different major languages. Regional disparities do not always facilitate optimal results in terms of information and communication. These factors partly explain the survival and vitality of a variety of grass-roots organizations.

47. From the beginning, however, Senegal has been seeking ways of ensuring effective communication with the rural areas. The Ministry of Communication has established an autonomous audio-visual unit or "movie van" to travel through the countryside organizing showings of video films on development to be followed by discussion. That strategy, which was launched in 1962, was continued until 1989-1990. However, for nearly three years now, things have slowed down

somewhat as a result of fewer technical resources and a cut in the State's operational budget allocation for communication in the rural areas.

48. The communication for all projects is an attempt at mass communication as well as interpersonal communication, using simple audio-visual equipment. A mobile video library will make it possible to reach people living in the remotest rural areas, promote participatory and durable social mobilization, and provide culturally relevant information. The project completes the national plan of action for children developed by Senegal in 1991. It is a component of the advocacy of the cause of children and women programme that comes under the cooperation programme between the Government of Senegal and UNICEF for the 1992-1996 period.

49. The project is part of a global communication strategy targeted to the objectives of the national plan of action and spelled out in a number of medium-term goals for 1995 selected by the Consensus of Dakar that emerged from the International Conference on Assistance to African Children. Dissemination of the Convention on the Rights of the Child, the upgrading of the status of girls, advocacy for the survival, development, welfare and participation of children and for the improvement of the status of women, constitute the underlying philosophy of the communication strategy.

50. The basic aim of the communication for all project is to:

(a) Enhance awareness of the practices and behaviours that foster development through the transmission of relevant audio-visual messages to the remotest villages in Senegal;

(b) Increase the grass-roots involvement in issues relating to child welfare and survival;

(c) Set up mechanisms for publicizing the medium-term goals and involve the people in the realization of those goals;

(d) Test the relevance of this approach through a social mobilization strategy with a grass-roots information component.

51. For the effective implementation of this project, the following approaches will be used: (a) informing and mobilizing the people through mass and interpersonal communication; (b) enhancing communication skills of officials of the various ministries concerned; (c) stimulating community participation; and (d) collaborating with non-governmental organizations (NGOs).

52. The planned activities include: (a) the establishment of a video library and the production of films; (b) the training of personnel; (c) the provision of two "movie vans"; (d) dissemination of information; (e) consciousness-raising; (f) selection of priority themes; (g) the mapping of target villages and organization of field trips; and (h) the showing of films and leadership training in the schools.

53. The mobilization capacities of the various participants in the project (NGOs, organizations, women's groups, etc.) will be marshalled in order to lay the groundwork for participatory communication.

54. Supplementary funding in the amount of $600,000 will be required for the period 1994-1996.

Water supply, sanitation and hygiene for pilot and Koranic schools (daaras), 1994-1996

55. This project completes the cooperation programme between the Government of Senegal and UNICEF for the period 1992-1996; it is also one of the priority projects of the national plan of action and a continuation of the previous cooperation programme for the 1987-1991 period.

56. The national plan of action's objectives include ensuring universal access, especially by children, to clean water and an adequate sanitation system; developing sanitation infrastructure and services for children; providing running water in schools and building latrines there.

57. The basic purpose of this project is not only to improve the supply of safe drinking water, as well as sanitation and hygiene in 100 public schools and 75 Koranic schools (daaras) but also to develop the potential of 30,000 students between 7 and 12 years of age and of 20,000 students in Koranic schools (talibés) for more effective participation in the socio-economic life of their communities.

58. The project also provides support through its health education, market gardening and reforestation activities for the implementation of the reform of primary education initiated in 1987 aimed at trying out new curricula through pilot schools. Pilot schools are intended to help reduce the disparities between boys and girls with respect to education and to establish the foundation for universal education.

59. About 15 of the 25 pilot schools targeted have neither a safe drinking water supply nor functional latrines. The situation in the daaras is even more disturbing because it is aggravated by poor personal hygiene, inadequate housing and nutritional problems in a school population among whom malnutrition, dermatosis, conjunctivitis and gastro-enteritis are rampant.

60. The project's objectives are (a) to improve the supply of safe drinking water and sanitation in 100 pilot schools and 75 daaras in rural as well as urban areas; (b) to improve the personal and household hygiene of children and their families through health education; (c) to help improve the nutrition of children through market gardening activities and environmental protection; and (d) to generate a spirit of responsibility, self-help and solidarity among children by strengthening their communication skills and involvement in development, particularly in primary health care (PHC).

61. The project strategy will focus on intersectoral decentralization and collaboration, community participation, consolidation of experience, capacity-building, social communication and mobilization and monitoring and evaluation.

62. The main activities are the establishment and equipment of water points, the construction and promotion of latrines, health education and support for market gardening and reforestation. Those activities will be backed up by community information campaigns and grass-roots mobilization (parents of students, administrative and religious authorities). The combined action of sectoral programme activities relating to education, children in especially difficult circumstances, health, water and sanitation will have a decided impact in improving the well-being of children.

63. The project will cover the whole of the national territory once the projects for the New School and children in especially difficult circumstances have got under way. The first of those projects will selectively affect all regions of Senegal, with the pilot schools distributed fairly so as to maximize their training effect. They will make up about 5 per cent of all primary schools. However, certain project components relating particularly to health education could become permanent and replicable models after a relatively short trial period and will then be applicable to the entire school population and to all primary schools. The project will be introduced in the daaras in both rural and urban areas.

64. To sustain the above-mentioned activities, supplementary funding in the amount of $810,000 is requested for the period 1994-1996.

Support project for the national programme to combat AIDS, 1994-1996

65. The number of reported cases of AIDS has risen from 6 in 1986 to 911 in 1993 but blood samples of high-risk groups indicates an incidence ranging from as low as 0.1 per cent (pregnant women) to as high as 30 per cent (prostitutes in Kaolack).

66. Sexually transmitted diseases (STD) are also very widespread, particularly among prostitutes. The incidence of AIDS and STD increases north to south and both types of disease are concentrated in Kaolack and Ziguinchor. Considering that the surveillance system and the laboratory network are relatively poor, the number of unreported AIDS cases is probably very high.

67. This rather disturbing situation is compounded by certain socio-economic factors characteristic of Senegal such as the very low socio-economic status of people living in rural and exurban areas, the sexual behaviour of young people, polygamy, migration, the low literacy rate and the inadequate health care system.

68. It should also be noted that young people do not know very much about AIDS and how to prevent it and the population as a whole is not sufficiently aware that AIDS is a problem. Nor is the health care system capable as yet of dealing properly with STD.

69. There is a national programme to combat AIDS primarily by safe blood transfusions, epidemiological surveillance of STD/AIDS, prevention through information, education and communication campaigns, care of the sick and training of health workers.

70. The aim of the proposed project is to support Senegal's AIDS programme, particularly through training, consciousness-raising and protection of the youth. Its objectives are to familiarize young people with methods of preventing STD and AIDS and improve access to the treatment and care of STD, especially among young people.

71. The first strategic approach is to foster an environment in which young people can thrive, protect them from being exploited and provide them with the information they need about how the diseases are contracted and how the HIV virus is transmitted. The campaign will be carried out at the following levels:

(a) The school, by establishing study programmes aimed at teaching young people about high-risk behaviours;

(b) Youth organizations, by supporting their activities, providing leadership training, establishing video centres in exurban neighbourhoods and developing information and sensitivity programmes for young people and by young people;

(c) Young people in especially difficult circumstances, by supporting neighbourhood daaras and strengthening non-formal education in the countryside.

72. The second strategic approach calls for rationalization of STD care at the level of peripheral units (health stations) by developing the classification by syndrome recommended by the World Health Organization. That should reduce the danger of AIDS transmission, which increases in the presence of STD. The activities stemming from this strategy come under the programme for strengthening PHC called for by the Bamako Initiative.

73. The third strategic approach calls for strengthening the community participation framework by implementing an education programme for traditional chiefs (village chiefs, Imams), group leaders and heads of health committees, mothers committees and youth committees and by bolstering the capabilities of NGOs.

74. The last strategic approach is mobilization of local efforts by supporting the national AIDS Committee in its campaign to modify sexual behaviours (use of contraceptives, etc.), spreading the word by TV spots, theatre, film and consciousness-raising in rural areas by using a movie van.

75. The project activities are geared basically to disseminating education programmes that have already been developed, training teaching personnel, youth organization and daaras leaders and heads of NGOs, developing information and promotional materials, organizing social mobilization activities at the rural and exurban levels, using theatre and tape recordings dealing with AIDS and revising the flow charts for the care of STD.

76. The required supplementary funding amounts to $627,000 for the period 1994-1996.

Estimated annual expenditure

(Thousands of United States dollars)

Country/programme	1994	1995	1996	1997	Total
Central African Republic					
Basic education	809.0	799.0	694.0	636.0	2 938.0
Ghana					
Control of iodine deficiency disorders	1 288.0	1 039.0	-	-	2 327.0
School water supply and sanitation	670.0	660.0	-	-	1 330.0
Water supply and sanitation	399.8	225.1	-	-	624.9
Subtotal	2 357.8	1 924.1	-	-	4 281.9
Senegal					
Communication for all	200.0	200.0	200.0	-	600.0
Water supply, sanitation and hygiene in pilot schools and daaras	236.0	277.0	297.0	-	810.0
Support for the national AIDS programme	261.0	188.0	178.0	-	627.0
Subtotal	697.0	665.0	675.0	-	2 037.0
Total	3 863.8	3 388.1	1 369.0	636.0	9 256.9

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FOR ACTION

RECOMMENDATION FOR SUPPLEMENTARY FUNDING FOR A PROGRAMME IN THE AMERICAS AND CARIBBEAN REGION WITHOUT A RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES*

SUMMARY

The present document contains a recommendation for supplementary funding for a country in the Americas and Caribbean region for which no recommendation for funding from general resources is requested at the second regular session of 1994 of the Executive Board. The programme proposal submitted here is aimed at expanding or complementing an ongoing programme in the country concerned. The Executive Director recommends that the Executive Board approve supplementary funding in the following amount for the programme listed below, subject to the availability of specific-purpose contributions.

Country/programme	Amount (United States dollars)	Duration
Argentina	3 000 000	1994-1995

A summary of the individual recommendation follows. A table setting out the planned annual phasing of expenditure for the supplementary funding proposal is given at the end of the document.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

ARGENTINA

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	10.3
Under-five mortality rate (per 1,000 live births)	24
Infant mortality rate (per 1,000 live births)	22
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1990)	140
Literacy (% male/female) (1990)	95/95
Primary school enrolment (% net, male/female)	../..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%) (1988)	65
Access to health services (%) (1985)	71
GNP per capita	$2,790

One-year olds fully immunized against:

tuberculosis:	99 per cent
diphtheria/pertussis/tetanus:	78 per cent
measles:	89 per cent
poliomyelitis:	83 per cent

Pregnant women immunized against:

tetanus:	.. per cent

1. The economic problems of Argentina worsened during the last decade. Unemployment and underemployment, high inflation rates, the budget deficit and the large external debt have been recurrent problems with strong, negative social impacts, such as increasing poverty, deteriorating public social services and the emergence of a "new poor". Over 9 million people live in households below the poverty line, of which 3.2 million are children under six years of age. There has been a drastic fall in family income from the mid-1970s to the 1990s, with the poorest groups suffering a 60 per cent reduction.

2. Reduced family purchasing power has led to increased demands on the public health system, while the public health budget is insufficient to maintain existing service levels, let alone to assimilate large numbers of new patients. In many provinces, health centres have been unable to renew stocks of disposable supplies or to maintain equipment. The reduction of infant and maternal mortality rates has been much slower than expected. The infant mortality rate varies considerably from one province to another, the highest being 40 per 1,000 live births in Formosa and the lowest 16 per 1,000 live births in Buenos Aires.

3. Major priorities to accelerate progress towards achieving decade goals include: (a) more positive mobilization to reinforce primary health care; (b) the institutional strengthening of local services; (c) the establishment of additional local health services; and (d) greater public recognition of the

contributions of health workers. On the positive side, in 1993, the National Congress adopted a federal education law that defines education as a human and social right. Education was made compulsory and free of charge for a 10-year period beginning at five years of age. A massive national immunization campaign to eliminate measles was launched, which covered 95 per cent of all children under 15 years of age. An agreement was signed by the Government and the World Bank to finance a maternal and child health (MCH)/nutrition programme. The programme, designed under the technical coordination of UNICEF, is now starting to be implemented. UNICEF provided technical and administrative assistance to the Federal Water and Sanitation Council to train a team to manage the Inter-American Development Bank loan to improve the sector's performance.

Social communication and mobilization

4. An important way to accelerate progress in child survival, development and protection is through the implementation of the national programme of action for children, which was developed in 1992 in response to the goals of the World Summit for Children. In February 1993, the Government launched a "social plan" into which the national programme of action was fully incorporated. Since Argentina is a federal State, the real challenge lies in defining and implementing goals and plans of action at local levels. An important strategy is to support demonstration projects with strong communication and mobilization effects. In response to the Mayors as Defenders of the Children initiative, two Argentine mayors participated in the International Meeting of Mayors held in Mexico in 1993. The mayors of Rosario, the second largest city in Argentina, and Florencio Varela, in the province of Buenos Aires, presented their goals and municipal plans of action, which have been launched in an effort to improve the social situation of children. A national committee of mayors as defenders of children has been constituted to follow up on the implementation of the plans. The first national meeting of mayors was held in Misiones at the end of 1993. Mid-decade goals were incorporated into the framework of the goals and action plans for the year 2000 in MCH and nutrition.

5. Efforts also are being made with the National Ministry of Health and Social Affairs to persuade the provinces to implement more activities related to the mid-decade goals. Some of the provinces have accepted the challenge. To accelerate implementation of the national programme of action, as well as the provisions of the Convention of the Rights of the Child, the Government is seeking UNICEF support to strengthen national and local communication systems in order to accelerate social mobilization. The priority of the Government is to raise the profile of children in the national political agenda and to mobilize more private and public resources to improve child survival, protection and development.

6. The exposure of Argentines to mass media is very high. The mass media include 16 newspapers, 8 television channels and 29 radio stations in Buenos Aires and 116 newspapers, 219 television channels and 206 radio stations in the provinces. Radio and television networks reach 98 and 92 per cent of the population, respectively. Over 100 million copies of different magazines are distributed annually. Although this media profile compares favourably with countries with a higher level of socio-economic development, the various types

of media tend to operate in isolation from each other and usually do not collaborate to promote important social goals.

7. UNICEF has been supporting the Government with its social mobilization and communication programme, "First Call for Children", which was initiated with the Special Adjustment Facility for Latin America and the Caribbean in 1988. The main thrust of the programme has been the promotion of the rights of the child through several television spots, radio jingles and the distribution of a great quantity and variety of printed material. In addition, over 1,500 interviews with public figures were broadcast on radio and television, an equivalent of 15,000 centimetres of column space in the main newspapers nationwide. In this regard, the Argentine Association of Radio and Television has been broadcasting messages free of charge. The Private Radio Broadcasting Association has broadcast messages on over 60 radio stations throughout the country to promote the Convention on the Rights of the Child. Government and UNICEF cooperation also included collaboration with the Argentine Paediatrics Association and the Catholic Church. Preliminary work has been undertaken to establish a national forum of non-governmental organizations (NGOs), with the participation of over 250 associations to promote social programmes in the poorest areas of the country. These activities will be expanded in 1994 and 1995 through training in social communication, a national network of NGOs, mass communication, production of educational materials and pilot experiences.

8. In summary, there have been partial but not comprehensive efforts to create a nationwide communication strategy to support the national programme of action. Therefore, the proposed programme would bring together all these efforts under a more comprehensive umbrella of coordination. Although an institutional coordinating mechanism for this strategy has yet to emerge fully, there is strong government support for a more coordinated communication strategy to help achieve the mid- and end-decade goals for children.

Training

9. Two seminars will be conducted in 1994 and 1995 to train social communicators, especially from the Ministries of Health and Education, as well as staff of other relevant government and non-government institutions, universities and community leaders in the preparation of educational messages on child survival and child rights. The training will include staff of NGOs and social workers. UNICEF will assist in the development of training modules on the planning, management and evaluation of mass communication campaigns, and the training of community leaders in the better utilization of local forms of communication and community participation.

Support to non-governmental organizations

10. Support will be provided to strengthen the national network of NGOs as a means to promote implementation of innovative child survival, protection and development initiatives with more community involvement. A special award will be created for those NGOs that formulate the most innovative and efficient initiatives for meeting the basic needs of children and youths of low-income families. UNICEF will support the organization of a national biannual congress of NGOs to promote exchange of these experiences. Support will also be provided

to produce the following: (a) a bimonthly bulletin for the network of NGOs that would promote an exchange of information on achievements and constraints of different projects; and (b) video materials to illustrate projects that may be considered successful and replicable.

Mass communication

11. In coordination with the Argentine Association of Radio and Television and the Private Radio Broadcasting Association, UNICEF will promote wider dissemination of Facts for Life through the production of three television spots; a weekly programme on cable television; a weekly radio programme; five radio jingles; three national campaigns; a monthly magazine for children; a monthly programme on open television; a press conference; the organization of musical and sports events; and a cultural week with a strong focus on the rights of the child, including activities related to theatre, sculpture, painting, video and cinema. To complement and reinforce mass media messages, the Government will enlist and promote the cooperation of important organizations, such as trade unions and entrepreneurial associations, neighbourhood organizations, the Catholic Church and NGOs.

Production of educational materials

12. Support will be provided: (a) to produce a yearbook on the situation of children in Argentina; (b) to sponsor the publication of a quarterly magazine on social policies for academics, teachers and researchers, as well as for those who are managing social projects; and (c) to produce three books per year on issues related to national social and economic development in order to encourage debate on how these issues should be handled to benefit children and women. The issues will include the effects of decentralizing the health and education systems, urban violence, particularly child abuse, and unemployed youth.

Pilot experiences

13. The support to pilot experiences will focus on: (a) innovative municipal experiences in basic services (e.g., MCH or sanitation); (b) NGO experiences with abandoned children or street children or with the prevention of drug or alcohol abuse; and (c) public or private experiences on income-generation activities, especially for youth, through revolving credit funds.

14. The programme will be implemented over a period of two years at a total cost of $3 million.

Estimated annual expenditure

(Thousands of United States dollars)

Country/programme	1994	1995	Total
Argentina			
Social communication and mobilization	1 500	1 500	3 000
Total	1 500	1 500	3 000

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FOR ACTION

RECOMMENDATIONS FOR SUPPLEMENTARY FUNDING FOR PROGRAMMES IN THE ASIA REGION WITHOUT RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES*

SUMMARY

The present document contains recommendations for supplementary funding for countries in the Asia region for which no recommendations for funding from general resources are requested at the 1994 Executive Board session. The programme proposals submitted here are aimed at expanding or complementing ongoing programmes in the countries concerned. The Executive Director recommends that the Executive Board approve supplementary funding in the following amounts for the programmes listed below, subject to the availability of specific-purpose contributions.

Country/programme	Amount (United States dollars)	Duration
Bangladesh	25 000 000	1994-1995
Myanmar	1 568 500	1994-1995

Summaries of individual recommendations follow. A table setting out the planned annual phasing of expenditure for each supplementary funding proposal is given at the end of the document.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

I. BANGLADESH

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	51.5
U5MR (per 1,000 live births)	127
IMR (per 1,000 live births)	97
Underweight (% moderate and severe) (1990)	66
Maternal mortality rate (per 100,000 live births) (1985)	600
Literacy (% male/female) (1990)	47/22
Primary school enrolment (% net, male/female) (1990)	69/61
Percentage of grade 1 reaching grade 4 (1988)	46
Access to safe water (%) (1991)	84
Access to health services (1991)	45
GNP per capita (1991)	$220
One-year-olds fully immunized against:	
tuberculosis:	89 per cent
diphtheria/pertussis/tetanus:	63 per cent
measles:	59 per cent
poliomyelitis:	63 per cent
Pregnant women immunized against:	
tetanus:	80 per cent

1. In 1993, the Executive Board approved an amount of $52,800,000 from general resources and an amount of $56,821,000 from supplementary funds for the current country programme of cooperation for the period 1993-1995 (E/ICEF/1993/P/L.13). Based on a continuing analysis of the situation of children and women in Bangladesh and a continuing policy dialogue between the Government and external donors, including UNICEF, two projects for supplementary funding are proposed for Executive Board approval at the present session: one in the area of nutrition and the other in education.

Nutrition

2. The 1993-1995 programme of cooperation allocated an amount of $5,000,000 from general resources and $4,100,000 from supplementary funds for nutrition. The proposed project for community-based control of malnutrition builds on the ongoing programme for control of micronutrient deficiencies, community food and nutrition, policy development and planning. The proposed project is expected to operationalize and field test a multisectoral, coordinated approach to reducing malnutrition among children under two years of age and pregnant and lactating women in the 1994-1995 period. Lessons from this experience are expected to help the Government and donors, including the World Bank, in designing a national nutrition programme, and will help UNICEF in planning the next country

programme for the period 1996-2000. Negotiations between the Government of Bangladesh and the World Bank are currently under way.

3. A combination of three physical characteristics distinguishes Bangladesh: high population density, widespread poverty and a sensitive physical environment. The per capita gross national product was $220 in 1991, and six out of seven people live in absolute poverty. Average consumption is less than 2,100 calories per capita per day. High rates of protein-energy malnutrition have persisted over the past 20 years. Only 1.2 million (7 per cent) out of 17 million children under five years of age are nutritionally normal. Sixty-five per cent of all children under five years of age are stunted. Of the 2,000 children who die every day, 655 deaths are associated with severe malnutrition. More than 900,000 children have visible signs of vitamin A deficiency and about 500,000 children suffer from night blindness. Some 47 per cent of the population suffer from iodine deficiency disorders (IDD), and approximately 70 per cent of all women and children are anaemic. Traditional food practices during pregnancy and a lack of obstetric care during delivery adversely affect the survival of both mother and child and threaten the growth and development of the newborn.

4. Wasting is more prevalent in the 12- to 23-month age-group than among infants or children over two years of age, irrespective of gender or urban/rural residence. The prevalence of malnutrition among young children cannot be explained by income and food supply alone. Available evidence suggests that the predominant factor causing persistent malnutrition, apart from food security and basic health conditions, is a lack of appropriate child-care practices, particularly at the household level.

5. Bangladesh has large, targeted food distribution programmes aimed at improved household food security, a growing health services delivery system, programmes for the control of IDD and the prevention of nutritional blindness, and a programme to increase access to safe water supplies and basic sanitation. These programmes often suffer from poor coordination. There is currently no major programme that seeks to bring about positive changes in household behaviour, particularly regarding the care and nutrition of young children and the eating habits and practices of pregnant women and lactating mothers.

6. To address child and maternal malnutrition more effectively, the Government is developing the Bangladesh Integrated Nutrition Programme (BINP) with the assistance of the World Bank, UNICEF and other United Nations organizations. The nature and scale of the problems and feasible solutions have been analysed systematically through consultation among government organizations, non-governmental organizations (NGOs), United Nations organizations and bilateral donors. In view of the complexity and scale of malnutrition, BINP will become an intersectoral programme with interlinked components. The Government has requested UNICEF to support a community-based nutrition component of BINP, in selected geographical areas, to reduce malnutrition among 400,000 children under two years of age and 500,000 pregnant women and lactating mothers. Implementation will cover four districts (5,200 villages) initially, with the following objectives to be achieved by the end of 1995: (a) reduction of severe and moderate protein-energy malnutrition among children under two years of age by 20 per cent or more; (b) reduction in the incidence of low birth

weight from 33 to 25 per cent; and (c) improvement of maternal nutritional status as measured by weight gain during pregnancy.

7. The project builds on the experience of large-scale community-based approaches from India, Indonesia and Thailand and follows a two-pronged strategy: (a) direct nutrition interventions and (b) intersectoral activities to strengthen nutrition development. The activities to be undertaken in controlling protein-energy malnutrition would be based on the following: (a) strong interpersonal communication with families built around intensive growth monitoring and promotion; (b) growth monitoring and promotion to serve as a powerful demonstration tool to promote family information, education and communication; (c) family nutrition counselling and community monitoring of nutritional status; (d) supervised supplementary feeding of malnourished women and children who are experiencing growth faltering; and (e) detection of at-risk children and pregnant and lactating women for referral to rehabilitation services and medical care. The core component of the project is a well-rounded approach to food, health and child-care practices, focusing on the prevention of malnutrition in households.

8. A triad approach of growth monitoring, nutrition education and food supplementation will emphasize a preventive rather than a curative strategy to reduce malnutrition. Capacity-building and community empowerment will enable communities to recognize nutrition problems, understand their causes and respond with feasible, affordable interventions. Specific interventions will include: (a) monthly weighing of children as soon as possible after birth up to the age of 24 months to demonstrate to parents their child's nutrition status and growth patterns; (b) helping parents select appropriate types of follow-up interventions in child-care practices; (c) ensuring health and household food security; and (d) demonstrating to parents the child's growth response to the above-mentioned interventions. Health education will cover all participating families, with the focus on the main contributors to malnutrition and preventive measures: (a) universal child immunization; (b) diarrhoea/hygiene education and acute respiratory infections (ARI); (c) home care of mild and moderate cases of ARI and referral of the severe cases; (d) the need for birth spacing; and (e) feeding during and after illness to minimize the impact of frequent infections on growth and nutritional status.

9. The purpose of food supplementation, combined with growth monitoring, is to demonstrate to parents the substantial and rapid gains in child growth that are possible through appropriate food, health and child-care practices. Supplementary feeding for three months will prevent family dependence on the project and emphasize to parents their primary responsibility for feeding their children. This supplementary feeding will not address the food security problems of the poorest families. These problems will be addressed through income-generating activities and feeding programmes that are already being implemented by the Government and the World Food Programme.

10. Children under two years of age with faltering growth will receive a special food supplement yielding approximately 150 calories per ration for six days a week for three months or until they recover a normal growth pattern. As soon as growth faltering is corrected, the child will complete supplementary feeding. Children with severe malnutrition will receive a daily ration of 300

calories for four months. Children will be fed at a supervised feeding centre within the community to ensure that they fully benefit.

11. Mothers of low-birth-weight babies will receive education and counselling on the care and feeding of newborns. Mothers will be encouraged to give babies their first breast milk (colostrum), exclusively breast-feeding during the first five months, and to continue breast-feeding up to the age of two years. Parents and mothers-in-law will be educated on the need to introduce weaning foods in sufficient quantity and quality from the age of five months.

12. Pregnant women will be registered by the end of their first trimester and screened for malnutrition. All pregnant and lactating women will be counselled on the quantity and quality of their diets. Those identified as malnourished and at risk of having low-birth-weight babies will receive a daily food supplement of about 600 calories per capita from the time of screening through the sixth month of lactation. Pregnant women and lactating mothers also will receive education on feeding during and after illness of their babies to minimize the harm of infections on child growth and nutritional status.

13. A functional integration of nutrition activities will be managed through the local level of the Ministry of Health and Family Welfare infrastructure, such as the family welfare centres and satellite clinics. Part-time village nutrition workers, to be known as nutrition promoters, will supervise a nutrition volunteer corps of women. They will be guided by a group of community leaders (both men and women), to be known as the village nutrition council. Each group of 10 nutrition promoters will be supervised by full-time, trained nutrition organizers and supported by the Ministry of Health and Family Welfare visitors at the subdistrict level. Strong liaison will be maintained with the Ministry of Health for its medical and food supplementation programme. A District Administration Committee, headed by the Deputy Director, Family Planning Department, will be the focal point for overall management, monitoring and supervision of the project in each district. A national project office will be established, with the following four departments: (a) Programme Implementation and Training; (b) Information, Education, Communication and Social Mobilization; (c) Monitoring, Research, Surveillance and Evaluation; and (d) NGO Liaison. The intersectoral nature of the project demands that policy coordination and guidance be provided by a national nutrition council. Collaboration with NGOs in training, implementation, monitoring and supervision will be worked out as the project develops.

14. The monitoring component will include: (a) process monitoring to assess the progress in terms of inputs (number of workers trained, nutrition education sessions held, food and nutritional supplements and growth charts distributed) and outputs (number of community members receiving nutrition orientation, children receiving supplementary feeding and vitamins, children and women weighed) and (b) monitoring to measure changes in the nutritional status of children under two years of age and pregnant and lactating mothers. The project will be evaluated in two parts at the end of the second year of implementation. The first part will consist of an internal evaluation wherein all key partners will review progress at community, village, subdistrict and district levels. The second part will consist of an external evaluation. Both success factors and constraints will be analysed carefully in order to adjust the strategy and

interventions as the Government programme begins to expand for nationwide coverage.

Education

15. The proposed project is complementary to the ongoing non-formal education programme approved by the 1993 Executive Board for the period 1993-1995, with an allocation of $13,020,000 from general resources and $13,405,000 from supplementary funds for education (E/ICEF/1994/P/L.13). The ongoing education programme includes support to the Bangladesh Rural Advancement Committee (BRAC) and other NGOs for curriculum development, training, supervision and monitoring for non-formal education, owing to the enormous needs in this area. Those NGOs have indigenous, successful, cost-effective approaches to non-formal education which have produced an estimated 97 per cent enrolment and completion rate, particularly among girls. The proposed project is being submitted for additional supplementary funding in the amount of $10,000,000 for the 1994-1995 period to contribute to a non-formal education programme that will be assisted by several donors. The non-formal education project is expected to complement a general education project being planned by the Government in collaboration with the World Bank and other external donors, including UNICEF, for the period 1996-2000.

16. The Government will implement the project through NGOs as part of the integrated non-formal education programme. The NGO network is being strengthened, and the contribution of NGOs to development is recognized increasingly in Bangladesh. Strengthened collaboration between the Government and NGOs and among NGOs themselves has been increasingly evident during the past few years. Those collaborative efforts have received considerable support from external donors. In the field of non-formal education, some 100 NGOs had established 22,000 non-formal education centres by December 1993, with an average enrolment of 30 children in the 6- to 10- and 11- to 14-year age-groups. Together they reach an estimated 660,000 children. Since the centres have been established with community support, are effectively supervised and have short teaching hours, a flexible calendar and a curriculum relevant to daily life, attendance is virtually 100 per cent. Consequently, the Government, local NGOs and donors are giving increased attention to expansion of the non-formal system as well as to improving the efficiency and overall performance of the formal school system. With the proposed assistance from UNICEF, BRAC and other NGOs will be able to establish more than 7,000 new non-formal education centres by 1995, which will provide a second chance for basic education for more than 231,000 children (33 per centre).

17. The literacy rate among adults over 15 years of age is 35 per cent, but only 23 per cent among female adults. The gross primary school enrolment rate is approximately 85 per cent, but the net enrolment rate is only 69 per cent for males and 61 per cent for females. Fifty-eight per cent of all enrolled children subsequently drop out before completing grade five. Thus there are some 20 million children from 6 to 14 years of age who either never have enrolled or who have not completed primary school. While poverty and the low status of girls and women are underlying factors, the other main reasons for low educational achievement are poor school preparedness among children; a shortage of classrooms and other physical facilities, resulting in inadequate access and

overcrowding in schools; a shortage of teachers; rigid school hours and calendar; lower quality teaching and lack of appropriate teaching materials; weak monitoring capacity; a lack of accountability of schools and teachers to communities; and limited community support and involvement.

18. If the goal of universal primary education set in the Government's national programme of action for children for the year 2000 is to be achieved, it is imperative that every effort is made to improve the efficiency of the formal system and to develop and expand opportunities for basic education through the non-formal system. Non-formal education is an essential strategy to complement the formal system.

19. Existing non-formal basic education programmes that have proven effective in attracting girls will be assisted to expand coverage. NGOs that are inexperienced but interested in providing basic education to children and adolescents, particularly girls, will be given assistance in programme development and service delivery. Non-formal learning centres will be established as part of an integrated universal primary education plan in the target villages. A mutually supportive linkage will be established with the formal system to facilitate the admission of children from the non-formal education centres to primary schools. The centres will use a flexible school calendar, short teaching hours and employ female teachers from the community. The curriculum and instructional materials developed by national NGOs, such as BRAC, will be used by the participating NGOs.

20. An estimated 12 million children from 6 to 10 years of age either never enrol or drop out of primary school. Intensive social mobilization, improved teacher training and more relevant curriculum and instructional materials will increase the efficiency of the formal system. However, even with gradual improvements in both enrolment and drop-out rates in primary schools over the next five years, much of the achievement will be offset by population increases and the backlog of out-of-school children. Thus, this project will provide a second chance for school drop-outs and a first chance for non-starters by assisting NGOs to establish 5,000 non-formal education centres for about 165,000 children from 6 to 10 years of age by 1995.

21. There are over 8 million children between 11 and 14 years of age who have either dropped out of or never enrolled in primary schools. Without an opportunity for basic education, they will join the ranks of adult illiterates. The non-formal basic education opportunities presently available for illiterate adolescents are limited. A few NGOs have developed learning materials and provide non-formal education and adult literacy instructions to a small number of adolescents. However, most adolescents lack access to any opportunities for education. Since they are beyond primary school age, these older children cannot easily re-enter the formal education system, nor do they feel comfortable in joining non-formal services for younger children. Therefore, UNICEF proposes to support more than 100 NGOs in the provision of non-formal basic education to 66,000 out-of-school children in the 11- to 14-year age-group, particularly girls, through 2,000 new centres by 1995.

22. To raise the completion rate for primary-school-age children, the quality of teaching and learning processes will be improved further through the

refinement of the curriculum and learning and teaching materials for children who attend non-formal education centres. A system of monitoring the curriculum will be developed and implemented in phases in order to raise technical expertise and to increase the operational efficiency of participating NGOs.

23. To sustain national commitment and enhance awareness of the importance of basic education for all, linkages will be established with national government efforts based on an existing social mobilization plan of action that is being implemented by the Government's Integrated Non-formal Education Programme/Primary and Mass Education Division with UNICEF support. Emphasis will be given to forging stronger alliances with the various government agencies and NGOs that are contributing towards achieving the Education for All goal. NGOs will be encouraged to promote active community involvement and participation in the planning, management and supervision of basic education centres. One major reason for low enrolment of children in school is low parental motivation for the education of their children. Social mobilization and advocacy efforts will aim at raising awareness and increasing demand for education among local government and community leaders and teachers. Parents will be encouraged to send their children to primary schools or to enrol them at non-formal basic education centres if they have been left out of or have dropped out of the formal school system.

24. Monitoring and evaluation activities will focus on indicators related to the effectiveness of the curriculum, timely supply and use of teaching and learning materials and periodic assessment of learning achievement levels among children. Support also will be provided for the monitoring and improvement of teacher and supervisor training programmes, assessment of teaching effectiveness and evaluation studies of supervision and accountability of NGOs.

25. The assessment of the educational achievement of children to enable them to transfer to formal schools will be carried out at the end of every year so that they are admitted to the appropriate grades. The assessment instrument being used in the ongoing universal primary education/compulsory primary education programmes will be refined and used in the non-formal education project. The results will be shared with the Directorate of Primary Education and other relevant agencies.

26. UNICEF will assist the Primary and Mass Education Division, through its Directorate of Non-formal Education Programme, to develop an appropriate policy and mechanism for the coordination of NGO activities. Coordination between different departments and agencies will be focused at the subdistrict level for greater community participation and integration of formal and non-formal education systems. UNICEF will release funds to the Primary and Mass Education Division for transfer to NGOs in accordance with appropriate procedures that will be agreed upon mutually. NGOs will establish learning centres as per agreements with the Primary and Mass Education Division and UNICEF. The experience gained during this phase will contribute to the much needed expansion of non-formal basic education programmes to achieve the Education for All goal by the year 2000.

II. MYANMAR

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	17.4
U5MR (per 1,000 live births)	113
IMR (per 1,000 live births)	83
Underweight (% moderate and severe)	32
Maternal mortality rate (per 100,000 live births)	460
Literacy (% male/female)	89/72
Primary school enrolment (% net, male/female)	../..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%)	32
Access to health services (%)	48
GNP per capita	$220
One-year-olds fully immunized against:	
tuberculosis:	80 per cent
diphtheria/pertussis/tetanus:	73 per cent
measles:	71 per cent
poliomyelitis:	73 per cent
Pregnant women immunized against:	
tetanus:	.. per cent

Education: all children in school project

27. The country programme for Myanmar for the period 1991-1995 was approved by the Executive Board in 1991 with an allocation of $25,000,000 in general resources and $15,000,000 in supplementary funds (E/ICEF/1991/P/L.14). In view of the situation of children in the area of primary education in Myanmar in 1993 and the positive experience gained in the primary education project in the current country programme since 1991, approval of the proposed supplementary-funded project is being requested for the 1994-1995 period.

Situation of children in primary education

28. Official figures indicate that over 500,000, or 39 per cent, of all children from five to nine years of age never enrol in primary school. Some 750,000 children drop out of primary school each year; of these, 630,000 children drop out of rural schools, mostly during the first two years of primary school, and more girls drop out than boys. Out of every 100 students who begin primary school in rural areas, only 26 of them, on average, complete the five-year cycle. Enrolment and retention data also indicate great variations among states and divisions, with a high rate of retention (approximately 35 per cent) in Chin State, for example, and a low rate of retention (about 17 per cent) in the Kayin and Shan States.

29. A primary-school-age non-enrolment gap survey conducted jointly by the Department of Basic Education and UNICEF in 1990 estimated that close to 39 per cent of primary-school-age children never enrol in school. From among the parents interviewed, 26 per cent identified poverty and the inability to pay for their children's school expenses as major causes of non-enrolment. Although primary school attendance is free in Myanmar, considerable expenses are borne by parents when they send their children to school. These costs include textbooks, exercise books, stationery, a yearly contribution to the Parent-Teacher Association (PTA) fund and ad hoc contributions for school improvement.

30. In another study conducted jointly by the Department of Basic Education and UNICEF in 1992, 31 per cent of the respondents mentioned the family's financial status as an important cause of school leaving. Many parents, teachers and township education officials also cited parents' lack of awareness of the value of education and lack of community support as important factors. Furthermore, among the school-related causes of dropping out, poor and inadequate physical conditions were identified by 24 per cent of the interviewees.

31. There are 31,500 primary schools in the country, approximately one school for every two villages. A 1991 survey (the Myanmar/United Nations Development Programme (UNDP)/United Nations Educational, Scientific and Cultural Organization Education Sector Study Project) found that about 57 per cent of the primary schools were overcrowded as a result of inadequate facilities, including lack of basic furniture. One third of the buildings had exceeded their life-span, and one quarter needed major maintenance and repairs. The problem of inadequate facilities is particularly acute in rural areas.

32. In summary, as a result of many years of investment in education, the primary education system in Myanmar is essentially in place, with an infrastructure and teachers for providing basic education. However, it is a system that needs revitalization. Current services - which need to be upgraded and expanded - are sometimes underutilized by communities, a situation of largely adequate supply with sometimes low demand. Thus there are three major educational priorities that need to be addressed: (a) enrolling every child in school; (b) successfully keeping the child in school by making education relevant to families and stimulating to children; and (c) reaching those who have dropped out by addressing their special needs.

Education for All goal

33. In 1993, Myanmar completed a national programme of action for children in response to the Declaration of the World Summit for Children. The Myanmar programme of action calls for universal access to basic education and completion of primary education by 80 per cent of primary-school-age children by the year 2000; the mid-decade goal calls for Myanmar to reduce the gap between the current enrolment and retention rates by one third by 1995.

Primary education project in the current country programme

34. The ongoing primary education project - Continuing Assessment and Progression System (CAPS) - which now covers 2,200 primary schools, is already showing results in reducing repetition rates and increasing retention and

promotion rates and is expected to increase school completion rates. The mid-term review of the project in 1993 has indicated that CAPS has promoted change from a passive teaching/learning environment in primary schools to a low-cost, participatory approach with a child-centred, teaching/learning environment. Effective, low-cost, hands-on, practical training programmes have been developed for primary school teachers and supervisors who, in turn, are applying innovative techniques to their classroom teaching and supervision work.

35. Even with those positive changes in the school system, the CAPS project does not address the problem of the considerable non-enrolment of children, particularly girls and children in rural areas; nor does CAPS address non-school-related factors affecting children's drop-out and retention rates. The project proposed in the present document would fill these crucial gaps.

Objectives

36. To complement the CAPS project, the objectives of the proposed project, are:

(a) To enrol out-of-school children for regular attendance and completion of the five-year primary school cycle;

(b) To provide primary education free of charge for poor families and students;

(c) To develop primary schools in rural, disadvantaged communities on the principle of focus on the out-of-school child;

(d) To mobilize communities (including PTAs) to support and sustain increases in primary school enrolment and completion rates.

Coverage

37. The proposed project will address the needs of communities in 10 townships in two states, Shan and Rakhine, and Ayeyarwady Division, covering 1,400 rural primary schools. It will converge with the ongoing CAPS project in two townships. The communities selected for cooperation have retention rates that are below the national average of 27 per cent. The Department of Basic Education also has reported high non-enrolment figures for the 10 project townships, although more precise baseline demographic data will need to be established at the local level. All schools in project townships are regularly accessible for monitoring and evaluation purposes by the Department of Basic Education and UNICEF.

Strategy

38. The overall project strategy includes:

(a) Community responsibility to provide local communities with incentives, information and organizational skills necessary for achieving national programme of action goals as well as annual targets;

(b) Community assessment and targets to document the number and age-groups of out-of-school children and to set annual enrolment and retention targets for each village. Targets also will be set at the township level;

(c) Community-focused information through the mass media, NGOs and interpersonal channels to sensitize community members to the problems of non-participation in primary school and illiteracy and to recommend the kinds of action necessary at the local level;

(d) Community motivation and organization activities to train village and NGO leaders and PTA members, assistant township education officers, heads of primary schools and teachers on how to strengthen partnerships at the local level and the different roles community members can play in motivating and helping parents to send their children to school;

(e) Initial incentives for poor children to exempt them from all school fees as well as to provide modest inputs of essential aid to schools.

39. All poor children will receive free exercise books and share an inventory of textbooks administered by the classroom teacher. At the end of the school year, the textbooks will be retained for incoming students the following year. However, the allocation of support to schools during this phase will be based on the demonstrated ability of townships and individual schools to meet or exceed annual enrolment targets.

Baseline information and targets

40. A rapid assessment survey, including focus group discussions, will be conducted in selected representative townships and villages to assess relevant community attitudes and behaviour and the most effective incentives for encouraging families and communities to support primary Education for All children, particularly girls. Annual targets will be set for increasing enrolment and retention at township and school levels. Together with assistant township education officers, local village authorities will act as focal points for collecting basic demographic data and estimating baseline figures on enrolment and non-enrolment, in accordance with Myanmar's programme of action goals and targets for 1995 and the year 2000. At the school level, the head primary teacher and the PTA will be responsible for monitoring progress vis-à-vis annual targets, including increases in primary school participation rates and the number of children benefiting from the project.

Social mobilization

41. On the basis of the rapid assessment survey, a communication strategy will be formulated jointly with decision and policy makers at the central level for mobilizing township education officers, community and religious leaders, heads of schools, primary schoolteachers, PTAs and parents. A low-cost video documentary will be produced to highlight the magnitude of the non-enrolment problem among primary-school-age children in rural communities, as well as the strategies and actions necessary for meeting the programme of action goals. The documentary will be used as an advocacy tool with education officials, other

relevant government departments, NGOs and local community groups, as well as external donors for their support.

42. The project also will reach rural communities via well-designed television spots, which are broadcast to hundreds of video parlours in the country. The daily newspapers and the education journal Pyinnya Tazaung will be used to communicate information to local leaders, heads of schools and township education officials. Messages will be short, direct, humorous and informative. They will stress the right of all children to a primary education and the various benefits to be derived from basic education, including improved health, nutrition and employment opportunities. The messages also will emphasize the role community members can play in seeing that all school-age children attend primary school regularly and complete the five-year cycle.

Empowerment of village communities and township authorities

43. The community mobilization strategy will include short, practical training and orientation sessions. Village leaders and PTA members will learn techniques for mobilizing parents, including relevant organizational, management and interpersonal skills. Guidelines also will be provided on how to select poor children for exemption from or subsidization of school costs. The training and orientation sessions also will empower PTAs to motivate poor families to send their children to school in order to receive such benefits as daily provision of school lunches. A complementary activity at the township level will be short training and orientation for assistant township education officers, primary school heads and teachers, with a focus on the role of assistant township education officers and teachers in working with parents in enrolling hard-to-reach students and specific measures for preventing drop-outs and achieving the timely progression of students through the five-year cycle.

Partnerships in support of primary education

44. This multifaceted strategy also will strengthen alliances and partnerships at township and village levels through incentives to communities and the most disadvantaged families. The project has already been initiated in four townships in Shan State and Ayeyarwady Division with modest funding from general resources. The incentives provided to schools include essential classroom aids as well as teaching kits for all teachers. During the second phase of the project in 1995, a primary school's record in achieving the annual targets for 1994 will determine the next year's level of support. Only communities and schools that can demonstrate results will "earn" the right to receive additional resources in the form of upgrading and extending school facilities.

Collaboration with the United Nations Development Programme

45. With a focus on the national programme of action goals, UNDP will provide assistance for primary education projects in different rural townships, employing many of the same strategies adopted by UNICEF, including targeting poor children and involving communities. These complementary approaches will maximize the impact of United Nations programming in the field of primary education.

Monitoring and evaluation

46. Quarterly data on enrolment, drop-outs and retention will be collected at each school and forwarded to the Statistics Unit of the Department of Basic Education via township education offices. Written quarterly reports will be submitted to UNICEF through the project manager. At least six times a year, UNICEF and government personnel will visit the project sites. The first visit will take place at the outset of the project, during the rapid assessment survey. Within 12 months of initiating project activities, an overall written assessment will be made in order to review operations and recommend any needed changes in implementation.

47. Approval of supplementary funds in the amount of $1,568,000 is requested to cover 1,400 schools in the period 1994-1995. The cost is approximately $150,000 per township for each of the 10 project townships, and the cost per school is $1,100 for each of the 1,400 project schools. However, the measures outlined in the present project proposal will have a significant lasting impact to enable Myanmar to reach and sustain the mid-decade programme of action goals for education.

Estimated annual expenditures

(In thousands of United States dollars)

Country/programme	1994	1995	Total
Bangladesh			
Community-based nutrition	9 750	5 250	15 000
Non-formal basic education	5 000	5 000	10 000
Subtotal	14 750	10 250	25 000
Myanmar			
Education: all children in school	324	1 244	1 568
Total	15 074	11 494	26 568